

FILED DEC 4 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38945
2679
Registrar's No.

Registration District No. 317

Primary Registration District No. 6076

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Jefferson Barracks, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 50 Days
(Specify whether
in this community 32 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1120 North Compton, Apt. 6
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME BERRY, Richard

3. (b) If veteran, name war World I

3. (c) Social Security No. 888094340

4. Sex Male 2. Color or race Negro

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ellem

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased October 16 1893
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>55</u>	<u>0</u>	<u>26</u>	hr. min.

9. Birthplace Oxford Mississippi
(City, town, or county) (State or foreign country)

10. Usual occupation Truck Driver

11. Industry or business

MOTHER FATHER {
12. Name Richard Berry
13. Birthplace Oxford Miss
(City, town, or county) (State or foreign country)
14. Maiden name Ada Thompson
15. Birthplace Oxford Miss
(City, town, or county) (State or foreign country)

16. (a) Informant Registrar, VA Hospital
(b) Address Jefferson Barracks, Mo.

17. (a) Burial (b) Date thereof 11-18-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jefferson Barracks, National

18. (a) Signature of funeral director Jas. H. Randle

(b) Address 3123 Bell Ave. St. Louis, Mo.

19. (a) 11-17-48 (b) Carl Thompson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 12
year 1948 hour 9:00 minute A. M.

21. I hereby certify that I attended the deceased from
September 23 1948 to November 12, 1948
that I last saw him alive on November 12, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death CANCER OF LUNG, LEFT Duration Unk.

~~next~~ Contributory cause:
Pneumonia, left lung

Due to 47d
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Autopsy performed (See cause of death)

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) None
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work L.E. Stilwell
Signature L.E. Stilwell Chief of Professional Services
Address VAH, Jeff. Bks. Mo. Date signed 11/12/48

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 19 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate, was embalmed by me, or by

....., Registered Apprentice No.
working under my personal supervision.

Signed

S. J. Watson

Licensed Embalmer No.

2698

P. O. Address

2769 Chouteau

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.